

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

9 3 — 0 0 9

2. STATE:

South Carolina

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

April 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☒ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

SSA 1902(h)

7. FEDERAL BUDGET IMPACT: *(\$17,000) x 6/12 x 69.512

a. FFY 2003 \$ (5,934)*

b. FFY 2004 \$ (11,868)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to ATTACHMENT 4.19-B, Pages 1, 2, and 3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Supplement 1 to ATTACHMENT 4.19-B, Page 1
Attachment 4.19-B, Page 7

10. SUBJECT OF AMENDMENT:

Medicare Part A and Part B Coinsurance and Deductible Payments for Inpatient and Outpatient Hospital Services
Effective DCS April 1, 2003.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

Dan Thompson

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Robert M. Kern

13. TYPED NAME:

Robert M. Kern

14. TITLE:

Director

15. DATE SUBMITTED:

April 15, 2003

16. RETURN TO:

South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29202-8206

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

April 28, 2003

18. DATE APPROVED:

June 27, 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

April 1, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

Rhonda R. Cottrell

21. TYPED NAME:

Rhonda R. Cottrell

22. TITLE:

Associate Regional Administrator
Division of Medicaid & Children's Health

23. REMARKS:

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

Supplement 1 to ATTACHMENT 4.19-B
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicaid agency uses the following general method for payment:

1. Payments are limited to State plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP."

For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item C of this attachment (see 3. below).

2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR."
3. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 in items A and D of this attachment, for those groups and payments listed below and designated with the letters "NR."
4. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in item _____ of this attachment (see 3. above).

TN No. MA 03-009

Supersedes _____

TN No. N/A

Approval Date 06/27/03

Effective Date 04/01/03

HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPI,
AUGUST 1991

Supplement 1 to ATTACHMENT 4.19-B
Page 2
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

QMBs:	Part A <u>NR</u>	Deductibles	<u>NR</u>	Coinsurance
	Part B <u>SP*</u>	Deductibles	<u>SP*</u>	Coinsurance

Other	Part A <u>NR</u>	Deductibles	<u>NR</u>	Coinsurance
Medicaid				
Recipients	Part B <u>SP*</u>	Deductibles	<u>SP*</u>	Coinsurance

Dual	Part A <u>NR</u>	Deductibles	<u>NR</u>	Coinsurance
Eligible				
(QMB Plus)	Part B <u>SP*</u>	Deductibles	<u>SP*</u>	Coinsurance

* See exception to Medicare Part B coinsurance and deductible amounts for outpatient hospital services as described on Page 3, item B.

TN No. MA 03-009

Supersedes

TN No. MA 01-020

Approval Date 06/27/03

Effective Date 04/01/03

HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

Supplement 1 to ATTACHMENT 4.19-B
Page 3
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

- A. Effective for dates of service beginning April 1, 2003, payment for Medicare Part A coinsurance and deductibles will be reimbursed as follows for inpatient hospital services:

The Medicaid payment will amount to the Medicaid claim payment less the amount paid by Medicare not to exceed the sum of the Medicare coinsurance and deductible.

For all other Medicare Part A covered services (other than nursing facilities), the Medicaid payment will be limited to state plan rates.

- B. Effective for dates of service beginning April 1, 2003, payment for Medicare Part B coinsurance and deductibles will be reimbursed as follows for outpatient hospital services:

The Medicaid payment will amount to the Medicaid claim payment less the amount paid by Medicare not to exceed the sum of the Medicare coinsurance and deductible.

For all other Medicare Part B covered services, the Medicaid payment will be limited to state plan rates.

- C. Payment for services not covered by the Medicaid State Plan will be paid at 75% of the Medicare rate for QMB recipients. There will be no payment for non-covered services for non QMBs.

- D. See section 4.19-D of the Medicaid State Plan for the limitation on nursing home coinsurance payments.

TN No. MA 03-009

Supersedes

TN No. MA 01-013

Approval Date 06/27/03

Effective Date 04/01/03

HCFA ID: 7982